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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -7 AM 7:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L00000010197

Name and Mailing Address

0009718 01 FP 0.352 **PRST H4 0 0615 32908-682422



SEBASTIAN RESOURCES 400, LLC
222 GERMANY AVE. SW
PALM BAY FL 32908-6824



4/7 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 222 GERMANY AVE. SW PALM BAY FL 32908		5. Date Organized or Qualified To Do Business in Florida 08/16/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3738248	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent A.G. EDWARDS LAW OFFICE, P.A. 2501 E. COMMERCIAL BLVD., STE 101 FT LAUDERDALE FL 33308		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: W. Rodgers Moore Jr. Street Address (P.O. Box Number is Not Acceptable) Ste. 456, 2424 N. Federal Hwy City: Boca Raton FL Zip Code: 33431	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: Date: 4/4/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COPANOS, JOHN S	2501 E. COMMERCIAL BLVD., SUITE 101	FT LAUDERDALE FL 33308
MGR	SLIGER, DWIGHT	222 GERMANY AVE., SW	PALM BAY FL 32908
700014850967 03/27/03--01036--027 **200.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 1-11-07

Daytime Phone # 508-2739

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)